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# Facsimile Transmittal

To: Examiner Walter F. Briney III  
Art Unit 2615

Fax: (571) 273-8300

From: Patrick J.S. Inouye 

Date: September 12, 2006

Re: U.S. Patent Application  
Serial No. 10/676,300

Pages: 5 (including cover sheet)

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Notes: Please find attached hereto for the above-identified patent application:

- Transmittal Form
- Request For Continued Examination (RCE) Transmittal
- Fee Transmittal
- Credit Card Payment for \$395.00

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0651-0031

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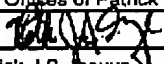
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/676,300
	Filing Date	September 30, 2003
	First Named Inventor	Odlnak, Gilad
	Art Unit	2615
	Examiner Name	Walter F. Briney III
Total Number of Pages in This Submission	Attorney Docket Number	049.0304.US.UTL

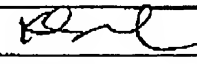
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Request For Continued Examination 2) Facsimile Cover Sheet
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	September 12, 2006	Reg. No.	40297

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Krystyna Szul	Date	September 12, 2006

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0691-0032

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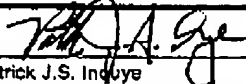
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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>		
		Application Number	10/676,300	
		Filing Date	September 30, 2003	
		First Named Inventor	Odinak, et al.	
		Examiner Name	Walter F. Briney III	
TOTAL AMOUNT OF PAYMENT (\$)		395.00	Attorney Docket No.	049,0304.US.UTL

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<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
							<b>Small Entity</b>
							<b>Fee (\$)</b>
2. EXCESS CLAIM FEES							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>							<b>Fee Paid (\$)</b>
21 - 20 or HP = 1 x \$25.00 = \$ 25.00							
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>							<b>Fee Paid (\$)</b>
4 - 3 or HP = 1 x \$100.00 = \$ 100.00							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>				<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
15	0	0 / 50 = 0 (round up to a whole number) x \$125.00 =				\$ 0.00	
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (small entity discount)							
Other (e.g., late filing surcharge), Request For Continued Examination Filing Fee (small entity)							395.00

<b>SUBMITTED BY</b>			
Signature		Registration No. 40297 (Attorney/Agent)	Telephone (206) 381-3900
Name (Print/Type)	Patrick J.S. Inuye	Date	September 12, 2006

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